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| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : ATTORNEY FOR <i>(Name)</i> : SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | TELEPHONE NO.: | FOR COURT USE ONLY |
| MARRIAGE OF PETITIONER: RESPONDENT: | | |
| CLAIMANT: | | |
| NOTICE OF APPEARANCE <input type="checkbox"/> AND RESPONSE OF EMPLOYEE BENEFIT PLAN | | CASE NUMBER: |

1. An appearance in this proceeding is entered by claimant employee benefit plan *(name)*:

2. Service on claimant may be made as follows

a. ☐ Attorney for claimant *(name, address, and telephone number)*:

b. ☐ Other *(name, title, address, and telephone number)*:

3. ☐ Claimant responds to the pleading on joinder and states that the allegations of the pleadings are

a. ☐ correct

b. ☐ incorrect as set forth in ☐ attachment 3b or ☐ as follows *(specify)*:

Dated:

Claimant

By

(TYPE OR PRINT NAME)

(SIGNATURE)

Claimant means a person joined or sought or seeking to be joined as a party to the proceeding. A copy of this notice must be served upon the party requesting joinder and a proof of service filed with the court.